

# REQUEST FOR PARTIAL CANCELLATION OF FEDERAL PERKINS LOANS

**ALL sections of this form must be completed. If any portion is left incomplete or job duty descriptions are not enclosed, your form will be voided and returned to you UNPROCESSED.**

**PLEASE NOTE: A cancellation form must be submitted for each full year of service.**

## **PART I: TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK PLEASE)**

Name	Social Security Number
Address Check if New ( )	Home/Cell Telephone Number
	Work Number
City State Zip	Email Address

This is to certify that I was under full-time employment/service in the following area:

- |  |   |
|--|---|
| <input type="checkbox"/> Full-Time Teacher                                     | School District: _____  |
| <input type="checkbox"/> Teaching/Qualified Low-Income School                  | School Name: _____  |
| <input type="checkbox"/> Math/Science/Foreign Language Shortage Area           |   |
| <input type="checkbox"/> Teaching Special Education/Teach Handicapped          | <input type="checkbox"/> Headstart  |
| <b>Indicate type of handicapped: _____ and percentage in classroom _____ %</b> |   |
| <input type="checkbox"/> Nursing/Med Tech State Board Date _____               | F License Number _____  |
| <input type="checkbox"/> Provider of Early Intervention Services               | <input type="checkbox"/> Law Enforcement/Corrections Officer                    |
| <input type="checkbox"/> Providing Services to high-risk children              | Exclusively From Low-Income Communities   |
| <input type="checkbox"/> Peace Corps/Vista/Action                              | <input type="checkbox"/> Full-Time Volunteer <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Full-Time Firefighter                                 | <input type="checkbox"/> Pre-kindergarten/Child Care Program                    |
| <input type="checkbox"/> Speech Language Pathologist                           | <input type="checkbox"/> Faculty Member Tribal College or University            |

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Current Year Only/Do Not Use Word "Present")

**(Altered dates will cause form to be voided)**

**TEACHERS WILL NEED TO ATTACH A DESCRIPTION OF THEIR EXACT JOB DUTIES (NOT JOB DESCRIPTION).**

**SEE THE BACK OF THIS FORM FOR A SAMPLE OF THE INFORMATION WE NEED.**

**LIBRARIANS AND SPEECH PATHOLOGISTS WILL NEED TO ATTACH COPY OF MASTER'S DEGREE.**

**NURSES AND MED TECHS WILL NEED TO ATTACH A COPY OF THEIR LICENSE.**

## **DEFERMENT FOR PRE-CANCELLATION SERVICES**

**(Next Year's Dates Please..Month/Day/Year)**

I expect to be eligible for a cancellation for the period of \_\_\_\_\_ to \_\_\_\_\_ and request a deferment until such time when I can provide documentation for completion of services. I expect to receive cancellation for the reason stated above.

Signature of Borrower	Date
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## **PART II: TO BE COMPLETED BY CERTIFYING OFFICIAL (Ex: Supervisor, Principal)**

I certify that the information stated in Part I is true and correct:

Signature of Authorized Official/Title	Date
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Name and Address of Employing Agency	Actual Dates of Cancellation	<b>Official Seal</b>
Phone Number ( )	From ____/____/____	(Invalid without official seal, stamp, or letter of certification. If no seal available, include official certification on letterhead.)
(MUST HAVE COUNTY SO CAN DETERMINE IF SCHOOL IS ELIGIBLE).	To ____/____/____	
County Public ( ) Private ( ) Non-Profit ( )	Use Month/Day/Year	
		<b>CURRENT YEAR ONLY</b>

## **FOR WHITWORTH UNIVERSITY USE ONLY. DO NOT WRITE BELOW THIS LINE.**

Signature of Approving Official				Date	
Can Type	Yr Can and %	Listed	New Balance	<b>RETURN PROPERLY COMPLETED FORM TO:</b> <b>WHITWORTH UNIVERSITY STUDENT LOAN OFFICE</b> <b>300 W HAWTHORNE ROAD</b> <b>SPOKANE WA 99251</b>	
Begin Date	End Date	Prin Can	Deferred To		